

VOLUNTARY PLACEMENT AGREEMENT

I hereby request the _____ to place
Agency / County Department

my child(ren) in a: ☐ foster home OR ☐ treatment foster home, pursuant to s. 48.63(1), Stats.

Child's Name (Last, First, MI)	Birthdate (mm/dd/yyyy)

I understand that I may terminate this agreement at any time and that any child noted above who is age 12 years or older may terminate the agreement relative to his or her placement.

I understand that a permanency plan will be prepared for my child(ren) and that I will be involved in the development of that plan.

I agree to keep the agency informed of any changes in my circumstances, including address, employment and earnings, marital status, health, and plans relative to my child(ren).

If I am dissatisfied with the care given my child(ren), it is understood that I shall bring my complaints to the agency rather than to the foster parents.

I agree to accept the medical care given my child(ren) by the agency. I give my permission for necessary inoculations, immunizations, or treatment that may be prescribed. I hereby agree that the agency consent to the hospitalization or surgery for my child(ren) in the event of serious illness if I cannot be located to give my consent.

I agree that the need for continued placement will be reviewed in three months by the agency. Any placement extending to six months will be referred to Court for review.

_____ SIGNATURE - Parent / Guardian	_____ Date Signed
_____ SIGNATURE - Parent / Guardian	_____ Date Signed
_____ SIGNATURE - Placing Agency Representative	_____ Date Signed
_____ SIGNATURE - Child (if age 12 or older)	_____ Date Signed
_____ SIGNATURE - Child (if age 12 or older)	_____ Date Signed
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